Circu	it Court i	for					Cas	se No				
				City or Coun	ty							
Name					VS.	Name						
Street Address Apt. #					, 5.	Street Addres	s				Apt. #	
City	State	Zip Code	Area Code	Telephone C	ity	State	Zip Co	ode	Area Tel	ephone Code		
				PORT GUI y Physical (DO		ody to Or			A			
Name of Child				Date of Birth		Name of Child Date of Birts					te of Birth	
Name of Child Date of						Name of Child Date of Birts					te of Birth	
Name of Child L				Date of Birth		Name of Child					Date of Birth	
						Mothe	r	F	ather	Com	bined	
MONTHLY ACTUAL INCOME (Before taxes)						\$		\$				
a. Minus pre-existing child support payment actually paid						-		-				
						-		-				
b. Minus alimony actually paid						-		-				
c. Plus / minus alimony awarded in this case						+/-		+/-				
2. MONTHLY ADJUSTED ACTUAL INCOME						\$		\$		\$		
3. PERCENTAGE SHARE OF INCOME (Divide each parent's income on Line 2 by the combined income on Line 2).							%		%			
4. BASIC CHILD SUPPORT OBLIGATION (Apply Line 2 Combined Income to Child Support Schedule)										\$		
a. Work-Related Child Care Expenses (Code, FL § 12-204(h))										+		
b. Health Insurance Expenses (Code, FL § 12-204(h)(1))										+		
c. Extraordinary Medical Expenses (Code, FL § 12-204(g))										+		
d Additional Expenses (Code, FL § 12-104(i))										+		
5. TOTAL CHILD SUPPORT OBLIGATION (Add lines 4, 4a, 4b, 4c and 4d).										\$		
6. EACH PARENT'S CHILD SUPPORT OBLIGATION (Multiply Line 3 times Line 5 for each parent).						\$		\$				
7. RECOMMENDED CHILD SUPPORT ORDER (Bring down amount from Line 6 for the non-custodial parent only. Leave custodial parent column blank). a. Minus direct pay by noncustodial parent from Line 4.						\$		\$				
8. RECOMMENDED AMOUNT TO BE PAID TO CUSTODIAL PARENT						\$		\$				

Comments, calculations, or rebuttals to schedule or adjustments if non-custodial parent directly pays extraordinary expens								
Deduct from the recommended child support order amount (Line 8) any third party benefits paid to or for a child (e.g. SSA Disability, retirement or other third party dependency benefit).								
PREPARED BY:	Date							